1. REQUEST NO.	REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)				THIS RFQ X IS IS NOT A SMALL BU				SET-	ASIDE	PAGE OF	PAGES 11	
Supply Officer (Code 3410) NRL Washington DC 20375-5329  3b. FOR INFORMATION CALL (NO COLLECT CALLS)  TABLE TREELPHONE NUMBER  ARE COLLECT CALLS)  ARE COLLECT CALLS)  ARE COLLECT CALLS)  ARE COLLECT CALLS)  TO COMPANY  B. TO:  B. TO:  B. TO:  B. TO:  B. COMPANY  B. STATE CODE  COMPANY  B. STATE CODE  B. STATE  B. STATE CODE  B. STATE	1. REQUEST NO. 2. DATE ISSUED						UNDER BDSA REG. 2						
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TELEPHONE NUMBER    AREA CODE   NUMBER   202   767-3452   3. NAME OF CONSIGNEE   2. DESTINATION   GREEN Schedule)	Supply Off												
Cynthia V. Offutt    AREA CODE   NUMBER   2.02   767-3452   1. NAME OF CONSIGNED   Naval Research Laboratory   1. NAME OF CONSIGNED   Naval Research Laboratory   1. STREET ADDRESS   Naval Research Laboratory   1. STREET ADDRESS   1. STREET ADDRES						WE WINDED							
Cynthia V. Offutt    202   767-3452	NAME								FUB			chedule)	
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c. STREET ADDRESS  d. CITY    o. STATE   f. ZIP CODE   d. STATE   e. ZIP CODE   D. C   20375-6329     10 PLEASE FURNISH QUOTATIONS TO THE ISUMINO OFFICE IN BLOCK 4s ON OR BEFORE CLOSE OF BUSINESS (Date)     10 PLEASE FURNISH QUOTATIONS TO THE ISUMINO OFFICE IN BLOCK 4s ON OR BEFORE CLOSE OF BUSINESS (Date)     10 PLEASE FURNISH QUOTATIONS TO THE ISUMINO OFFICE IN BLOCK 4s ON OR OR BEFORE CLOSE OF BUSINESS (Date)     11 SCHEDULE (Include applicable form and return it to the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Address in Block 5s. This request does not commit the Operation of the Addres	a. NAME				MPANY								
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK SO ON OR BEFORE CLOSE OF BUSINESS (Date)  11. SCHEDULE (Include applicable Federal, State and local taxes)  12. DISCOUNT FOR PROMPT PAYMENT  12. DISCOUNT FOR PROMPT PAYMENT  13. IN CALENDAR DAYS (%) b. 20 CALENDAR DAYS (%) c. 30 CALENDAR DAYS (%) d. CALENDAR DAYS	d. CITY				e. STATE	f. ZIP	CODE						
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ITEM NO. (a) Supplies/services (b) (c) (d) Unit PRICE AMOUNT  (a) See attached continuation sheets    2. DISCOUNT FOR PROMPT PAYMENT   a. 10 CALENDAR DAYS (%) b. 20 CALENDAR DAYS (%) c. 30 CALENDAR DAYS (%)   d. CALENDAR DAYS (%)   NUMBER   PERCENTAGE	ISSUING O BEFORE C	FFICE IN BLOCK 5a O LOSE OF BUSINESS (	N OR so Date) cc do	o indicate on osts incurred omestic origi luotation mus	this form and re in the preparati in unless otherw st be completed	eturn it to t ion of the s rise indicat by the qu	he address in Block 5a. This submission of this quotation led by quoter. Any represen- oter.	s request or to con tations ar	does tract f nd/or o	not commit the Go or supplies or serv ertifications attach	overnment to parice. Supplies a	ay any re of	
12. DISCOUNT FOR PROMPT PAYMENT    a. 10 CALENDAR DAYS (%)   b. 20 CALENDAR DAYS (%)   c. 30 CALENDAR DAYS (%)   NUMBER	ITEM NO	1				applicat					AMOUNT		
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NOTE: Additional provisions and representations are are not attached.  13. NAME AND ADDRESS OF QUOTER  a. NAME OF QUOTER  b. STREET ADDRESS  16. SIGNER  a. NAME (Type or print)  D. TELEPHONE  AREA CODE					10 CALENDAR I	DAYS (%)	b. 20 CALENDAR DAYS (%	s) c. 30 °C	CALEN	NDAR DAYS (%)	d. CALEN	DAR DAYS	
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c. COUNTY AREA CODE	b. STREET AD	DRESS					a NAME (Type or print)		16	. SIGNER	b TELL	EPHONE	
d. CITY e. STATE f. ZIP CODE c. TITLE (Type or print) NUMBER	c. COUNTY						a. NAME (Type of pillt)						
	d. CITY	- A CONTRACTOR OF THE CONTRACT		e. STATE	f. ZIP CODE		c. TITLE (Type or print)		- X-		NUMBER		

STANDARD FORM 36 JULY 1966
GENERAL SERVICES ADMINISTRATION
FED. PROC. REG. (41 CFR) 1-16.101

CONTINUATION SHEET
REF. NO. OF DOC. BEING CONT'D
N00173-12-Q-0358
2 11

## NAME OF OFFEROR CONTRACTOR

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUN'
0001	CR3 Coherent Rayleigh Interrogator System with On-Site Support consisting of 2 -Day On-Site Product installation and support by 2 tech.	1	ea	85	
	Brand Name or Equal				
	If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-3875/6675.				
	Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of this RFQ.				